

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 101Primary Registration District No. 5413Registrar's No. 37

## 1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Sweden Walls  
(c) Name of hospital or institution: 1  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Annie Allison

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 5, 1874  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>68</u> | <u>9</u> | <u>3</u> | hr. _____ min.       |

9. Birthplace Sligo, Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Hinville  
13. Birthplace Paris, France  
(City, town, or county) (State or foreign country)  
14. Maiden name Francis Gooth  
15. Birthplace Unknown France  
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Allison  
(b) Address Ava, Missouri  
17. (a) Burial (b) Date thereof 3-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home  
(b) Address Ava, Missouri

19. (a) 5-1-43 (b) Thelma S. Waters  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas  
(c) City or town Sweden Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
year 1943 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Mar 12  
1943 to Mar 25 1943  
that I last saw her alive on Mar 24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Disease of heart - mitral  
Due to insufficiency

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature J. P. Smith M.D. (M. D. or other) \_\_\_\_\_  
Address Ava, Mo. Date signed 3-25-43

J. L. Is.

RECEIVED

District Health Officer No. 6,

District File Number 543-653

Date Filed MAY 20 1943

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*W. B. Hutchinson*

Licensed Embalmer No. 3431

P. O. Address Orlando, Fla.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.